

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Louisiana Reform PAC

ADDRESS (number and street)

PO Box 1542

☐Check if different
than previously
reported. (ACC)

Shreveport

LA

71165

1542

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00409631

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Schmidt

Signature of Treasurer

Electronically Filed by John Schmidt

Date

04

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		90964.74
(b) Cash on Hand at Beginning of Reporting Period	90964.74	
(c) Total Receipts (from Line 19)	3500.11	3500.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94464.85	94464.85
7. Total Disbursements (from Line 31)	61814.39	61814.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32650.46	32650.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	3500.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	980.59	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2500.00	2500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2500.00	2500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)	3500.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.11	0.11
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3500.11	3500.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3500.11	3500.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	16814.39	16814.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	16814.39	16814.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	45000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61814.39	61814.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	61814.39	61814.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3500.00	3500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3500.00	3500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16814.39	16814.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.11	0.11
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16814.28	16814.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial)
Michael Futrell
Mailing Address 10875 Belle Cour Way

City State Zip Code
Shreveport LA 71106-7771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 6

Transaction ID: SA11A1-135-143-c

Amount of Each Receipt this Period

500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jr. Ray Oden
Mailing Address 702 Thora Boulevard

City State Zip Code
Shreveport LA 71106-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 6

Transaction ID: SA11A1-136-144-c

Amount of Each Receipt this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Paul Cambon
Mailing Address 499 S Capitol Street SW
Suite 600

City State Zip Code
Washington DC 20003-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Livingston Group

Occupation
Government Affairs Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: SA11A1-23-142-c

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 7 / 18**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)

Thelma Woods

Mailing Address PO Box 65300

City

Shreveport

State

LA

Zip Code

71136-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woods Operating

Occupation
Investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: SA11A1-137-145-c

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. American Society of Anesthesiologists PAC

Mailing Address 520 N Northwest Highway

City

Park Ridge

State

IL

Zip Code

60068-2538

FEC ID number of contributing
federal political committee.

C

C00255752

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: SA11C-52-141-c

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Kyle Ruckert		Transaction ID: SB21B-64-124-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 0 6</div> </div>
Mailing Address 703 7th Street SE		Amount of Each Disbursement this Period <div>2035.00</div>
City Washington State DC Zip Code 20003-2740		
Purpose of Disbursement entertainment expense reimbursement	<div>001</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Kyle Ruckert		Transaction ID: SB21B-64-138-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 6</div> </div>
Mailing Address 703 7th Street SE		Amount of Each Disbursement this Period <div>1025.68</div>
City Washington State DC Zip Code 20003-2740		
Purpose of Disbursement Fundraising: Reception	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Courtney Guastella		Transaction ID: SB21B-103-118-e Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 6</div> </div>
Mailing Address 1851 Laurel Street		Amount of Each Disbursement this Period <div>1500.00</div>
City New Orleans State LA Zip Code 70130-4905		
Purpose of Disbursement LAReformPACFundraisingExpense:ConsultFee	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4560.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Courtney Guastella

Mailing Address 1851 Laurel Street

City New Orleans State LA Zip Code 70130-4905

Purpose of Disbursement
LAReformPACFundraisingExpense:ConsultFee

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-103-120-e

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Courtney Guastella

Mailing Address 1851 Laurel Street

City New Orleans State LA Zip Code 70130-4905

Purpose of Disbursement
Fundraising: February & March Retainer

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-103-128-e

Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Wendy Vitter

Mailing Address 238 Helios Avenue

City Metairie State LA Zip Code 70005-3755

Purpose of Disbursement
Travel: Airfare from D.C. to Memphis

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-124-125-e

Date of Disbursement

03 / 10 / 2006

Amount of Each Disbursement this Period

711.30

SUBTOTAL of Disbursements This Page (optional)

5211.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Wendy Vitter

Mailing Address 238 Helios Avenue

City Metairie State LA Zip Code 70005-3755

Purpose of Disbursement
Travel: Airfare from Memphis to D.C

Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-124-126-e
Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

529.80

Full Name (Last, First, Middle Initial)

B. Wendy Vitter

Mailing Address 238 Helios Avenue

City Metairie State LA Zip Code 70005-3755

Purpose of Disbursement
Fundraising: Mardi Gras supplies

Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-124-139-e
Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

130.61

Full Name (Last, First, Middle Initial)

C. Mike Futrell

Mailing Address 922 Voorhies Drive

City Baton Rouge State LA Zip Code 70815-5292

Purpose of Disbursement
Fundraising: Reimburse Memphis Expense

Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-126-129-e
Date of Disbursement

03 / 21 / 2006

Amount of Each Disbursement this Period

2343.75

SUBTOTAL of Disbursements This Page (optional)

3004.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. MV3 & Associates

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035-5796

Purpose of Disbursement
AdminExpenses,telephone,filingsoftware
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-68-123-e
Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

872.25

Full Name (Last, First, Middle Initial)

B. Machado & Company

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
LAReformPACFundraisingExpense:ConsultFee
Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-102-121-e
Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

2975.00

Full Name (Last, First, Middle Initial)

C. Machado & Company

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
LAReformPACFundraisingExpense:Faxes
Candidate Name

003
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-102-122-e
Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

149.00

SUBTOTAL of Disbursements This Page (optional)

3996.25

TOTAL This Period (last page this line number only)

16772.39

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Santorum 2006 Full Name (Last, First, Middle Initial) Mailing Address One Tower Bridge Suite 1440 City West Conshohocken State PA Zip Code 19428 Purpose of Disbursement Political Contribution: Rick Santorum Candidate Name Rick Santorum Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23-106-132-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00
B. Mark Kennedy '06 Full Name (Last, First, Middle Initial) Mailing Address PO Box 49333 City Blaine State MN Zip Code 55449-0333 Purpose of Disbursement Kennedy Contribution Candidate Name Mark Kennedy Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23-110-133-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00
C. NRSC Full Name (Last, First, Middle Initial) Mailing Address 425 2nd Street NE City Washington State DC Zip Code 20002-4914 Purpose of Disbursement Elizabeth Dole - Chair Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23-129-131-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 15000.00

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Tom Kean for US Senate

Mailing Address 187 Mill Lane

City State Zip Code
Mountainside NJ 07092-2909

Purpose of Disbursement
Kean contribution

Candidate Name
Tom Kean

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23-130-134-e

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Michael Steele for Maryland

Mailing Address PO Box 347

City State Zip Code
Annapolis MD 21404-0347

Purpose of Disbursement
Steele contribution

Candidate Name
Michael Steele

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 03

Transaction ID: SB23-131-135-e

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Talent for Senate

Mailing Address United States Senate

City State Zip Code
Washington DC 20510

Purpose of Disbursement
Jim Talent Contribution

Candidate Name
Jim Talent

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23-132-136-e

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Mike DeWine for US Senate 2006

Mailing Address United States Senate

City
Washington

State
DC

Zip Code
20510

Purpose of Disbursement
Mike DeWine contribution

Candidate Name
Mike Dewine

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23-133-137-e

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

45000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Society of Anesthesiologists PAC

Nature of Debt (Purpose):
-Contribution

Mailing Address 520 N Northwest Highway

City	State	ZIP Code
Park Ridge	IL	60068-2538

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9-DEBT141

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Paul Cambon

Nature of Debt (Purpose):
-Contribution
Mailing Address 499 S Capitol Street SW
Suite 600

City	State	ZIP Code
Washington	DC	20003-4037

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9-DEBT142

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ray Oden, Jr.

Nature of Debt (Purpose):
-Contribution

Mailing Address 702 Thora Boulevard

City	State	ZIP Code
Shreveport	LA	71106-1824

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9-DEBT144

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional).....

2500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 / 18

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
Louisiana Reform PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Thelma WoodsNature of Debt (Purpose):
-contribution

Mailing Address PO Box 65300

City State ZIP Code
Shreveport LA 71136-5300

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9-DEBT145

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Michael FutrellNature of Debt (Purpose):
-Contribution

Mailing Address 10875 Belle Cour Way

City State ZIP Code
Shreveport LA 71106-7771

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9-DEBT143

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional).....

1000.00

2) **TOTALS** This Period (last page this line number only).....

3500.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 / 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Louisiana Reform PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dickie Brennan & CoNature of Debt (Purpose):
Fundraising-Reception exp-
ense

Mailing Address 605 Canal Street

City State ZIP Code
New Orleans LA 70130-2307

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT140

Amount Incurred This Period

980.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

980.59

1) **SUBTOTALS** This Period This Page (optional)..... ▶

980.59

2) **TOTALS** This Period (last page this line number only)..... ▶

980.59

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶